

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/525321

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		1		1		
7		1		1		
8	1		1			
9	1		1			
10	1		1			
11		1		1		
12		1		1		
13		2		1		
14		2		1		
15		1		1		
16		4		1		
17		4	1	1		
18	1		1			
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TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						